

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/09/2009  
FORM APPROVED  
OMB NO. 0938-0391

|  |   |  |  |   |  |  |                            |
|--|---|--|--|---|--|--|----------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                          |   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>295075</b> |  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____                                |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>C</b><br><b>06/10/2008</b> |                            |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>EVERGREEN AT PAHRUMP HEALTH &amp;</b> |   |  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>4501 NORTH BLAGG RD</b><br><b>PAHRUMP, NV 89048</b> |  |  |                            |
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| F 000  | INITIAL COMMENTS<br><br>This Statement of Deficiencies was generated as a result of a complaint investigation survey conducted at your facility on 6/10/08.<br><br>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.<br><br>The following complaints were investigated<br><br>CPT #NV17542-unsubstantiated<br>CPT #NV17833- substantiated (F Tag 309 )<br>CPT #NV17489- unsubstantiated<br><br>The following regulatory deficiencies were identified. |  |  | F 000   |  |  |                            |
| F 309<br>SS=D  | 483.25 QUALITY OF CARE<br><br>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, interview and record review, the facility failed to provide the necessary care and services to attain or maintain the highest practical physical well being, regarding a pressure sore for 1 of 5 sampled residents (#5).  |  |  | F 309   |  |  |                            |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| F 309  | <p>Continued From page 1</p> <p>Findings include:</p> <p>Resident #5</p> <p>Resident #5 was a 79 year old male with diagnoses of Paralysis Agitans, Dementia, Diabetes Mellitus and Parkinson's Disease. He was re-admitted to the facility on 07/06/07. The resident required total assistance with transfers and re-positioning.</p> <p>Interview</p> <p>On 6/10/08 at 10:30 am, the spouse of Resident #5 indicated the staffing was "pathetic." The spouse also indicated:</p> <ul style="list-style-type: none"> <li>- She visited the resident everyday before lunch and stayed until the night time.</li> <li>- The Certified Nurse Assistants (CNAs) were very compassionate, however they were always in a hurry and did not give the residents enough attention.</li> <li>- During the spouse's visits Resident #5 would be in the wheelchair or in bed in the same position for hours and many times he was wet.</li> <li>- Resident #5 developed a pressure sore on his bottom which he did not have when he was admitted.</li> </ul> <p>Record Review</p> <p>The resident's Care Plan dated 05/20/08 indicated the resident was at risk for skin breakdown and for a pressure ulcer related to decreased mobility. The Stage II coccyx was healed 5/28/08.</p> <p>The Care Plan dates 05/28/08 revealed:</p> <ul style="list-style-type: none"> <li>- An open area on the right and left buttocks.</li> </ul> | F 309  |  |  |  |

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| F 309  | <p>Continued From page 2</p> <ul style="list-style-type: none"> <li>- Approaches: to encourage fluids with meals and in between as tolerated, evaluate nutritional status when necessary and report changes to the physician and treatments as ordered.</li> <li>- Keep linen clean and dry as possible, keep skin clean and dry as possible.</li> </ul> <p>The Care Plan dated 06/02/08 revealed:</p> <ul style="list-style-type: none"> <li>- Approaches included "Hydrogel with bordered gauze to Stage II breakdown qd (every day), barrier cream to perineum and coccyx daily."</li> </ul> <p>The Treatment Sheet for June 2008 indicated, "When in bed leave brief open." The documentation indicated the resident received treatment for the right and left buttock with Hydrogel and bordered gauze up to June 6, 2008. The documentation indicated that the areas were healed as of June 7, 2008. There was no documentation concerning treatment of the Stage II coccygeal wound on the Treatment Sheet for June 2008.</p> <p>A Wound /Skin Evaluation and Documentation Sheet revealed:</p> <ul style="list-style-type: none"> <li>- Dated 05/16/08, indicated the resident had a 2 cm (centimeter) Stage II pressure ulcer on his coccyx. current treatment indicated it was healed.</li> <li>- Dated 05/28/08 indicated the resident had a 0.5 cm by 2 cm Stage II wound on the right buttock and a 3 cm by 4 cm Stage II on the left buttock. Current treatment dated 05/28/08 indicated to clean with normal saline, pat dry, apply Hydrogel and cover with bordered gauze.</li> </ul> <p>A physician's order dated 5/28/08, indicated, "Clean area on right buttock with ns (normal saline), pat dry and put Hydrogel with bordered</p> | F 309  |  |  |  |

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| F 309  | <p>Continued From page 3<br/>gauze every day."</p> <p>Observation</p> <p>On 06/10/08, the Treatment Nurse for the day on the 500-700 wing indicated, Resident #5 did not have a wound on his coccyx. The nurse requested help from a CNA to turn the resident to his left side. The resident was wearing a wet incontinent brief. A transparent occlusive dressing with no date and brownish drainage was noted on the resident's coccygeal area. As the Treatment Nurse removed the transparent occlusive dressing, resident's skin was sticking to the dressing and became reddened and excoriated. Beneath the dressing was a Stage II 3 cm by 3 cm coccygeal decubitus which extended to the right buttock to 2 cm by 2 cm. A small amount of bleeding was noted as the dressing was removed. The Treatment Nurse indicated she did not know who put the dressing on or when it was applied. The Treatment Nurse indicated she would have to soak the dressing to remove it since further removal was causing further excoriation to the resident's skin. The Treatment Nurse indicated there was no order for this dressing on the chart or in the treatment book. Another nurse who was working on the wing with The Treatment Nurse was asked about the wound. The other nurse indicated she did not know who put the transparent occlusive dressing on the resident's coccyx and was not aware the resident had a coccygeal wound.</p> <p>Both nurses indicated they normally did not work on the 500-700 wing of the facility and the nurse who usually did had the day off.</p> <p>Interview</p> |  |  | F 309   |  |  |                            |

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| F 309  | <p>Continued From page 4</p> <p>On 6/10/08 at 3:00 PM, the Administrator indicated the Director of Nurses completed a weekly skin report. She presented the Weekly Skin Report-Pressure Ulcers Sheet dated 5/29/08. The report indicated the pressure ulcer to the resident's coccyx was healed. The resident's wounds to the right and left buttock were documented as being treated with Hydrogel dry dressing with bordered gauze every third day.</p> <p>The facility failed to accurately describe the resident's pressure ulcer and failed to carry out the treatment plan prescribed by the physician.</p> <p>Complaint #17833</p> | F 309  |  |  |  |